

HOUSE BILL No. 1548

DIGEST OF INTRODUCED BILL

Citations Affected: IC 25-23.4.

Synopsis: Midwives. Changes the requirement that a direct entry midwife (midwife) have a collaborative agreement with a physician requiring that the midwife's client have a consulting physician. Extends the date: (1) by which a midwife is required to submit certain information to obtain an exemption from certain certification requirements; (2) relating to restrictions of use of the title "certified direct entry midwife"; and (3) after which practicing midwifery without a certificate is a felony. Requires certain information to be included in a midwife's disclosure form, client's records, and emergency plan. Requires a client's medical records that are prepared by a consulting physician be provided to the midwife. Repeals certain provisions concerning physician collaboration.

Effective: Upon passage.

Lehe, Clere, Brown C, Frizzell

January 20, 2015, read first time and referred to Committee on Public Health.



First Regular Session of the 119th General Assembly (2015)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2014 Regular Session and 2014 Second Regular Technical Session of the General Assembly.

HOUSE BILL No. 1548

A BILL FOR AN ACT to amend the Indiana Code concerning professions and occupations.

Be it enacted by the General Assembly of the State of Indiana:

- 1 SECTION 1. IC 25-23.4-2-6, AS ADDED BY P.L.232-2013,
2 SECTION 20, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 UPON PASSAGE]: Sec. 6. (a) The board shall, after receiving
4 information, proposals, or recommendations from the committee, do
5 the following:
6 (1) Establish as a requirement for certification as a certified direct
7 entry midwife the Certified Professional Midwife credentials
8 developed by the North American Registry of Midwives or a
9 successor organization.
10 (2) Subject to IC 25-1-8-2, establish fees to administer this article.
11 (3) Establish annual continuing education requirements to renew
12 a certified direct entry midwife's certificate, which must include
13 continuing education in pharmacology. The requirements
14 established under this subdivision must provide for at least fifteen
15 (15) hours of continuing education every twelve (12) months.



(4) Develop a peer review procedure, using as guidelines the peer review procedures established by:

(A) the Indiana Midwives Association or a successor organization; and

(B) the North American Registry of Midwives or a successor organization.

(b) The board shall, after receiving recommendations from the committee, do the following:

(1) In addition to the requirements under IC 25-23.4-5, adopt rules under IC 4-22-2 to provide for adequate ~~collaboration~~ **consultation** between a certified direct entry midwife and a ~~collaborating~~ **consulting** physician.

(2) Adopt rules under IC 4-22-2 that define the competent practice for certified direct entry midwives. Rules adopted under this subdivision must limit the practice of certified direct entry midwives to nonhospital settings.

(3) Adopt rules under IC 4-22-2 that establish standards for an emergency plan of care, including that a plan must allow for the timely provision of emergency care at a hospital.

(4) In addition to the requirements under IC 25-23.4-4-1(a)(6), adopt rules under IC 4-22-2 to set standards for determining the geographic area close enough to the planned location of the delivery to make ~~the collaborating~~ **a consulting** physician a reasonable choice to provide backup care.

(5) In addition to the requirements under IC 25-23.4-5-1(b), adopt rules under IC 4-22-2 to establish standards or conditions that require additional review of a certified direct entry midwife's client encounters by ~~the collaborating~~ **a consulting** physician.

(6) Adopt rules under IC 4-22-2 to determine the number of certified direct entry midwives with whom a physician may ~~collaborate~~ **consult**.

(7) In addition to the requirements under IC 25-23.4-6-1(b), establish the conditions that require a certified direct entry midwife to refer a client for an examination by a physician.

(8) Adopt rules under IC 4-22-2, establishing the health conditions that require a referral to a physician under IC 25-23.4-6-1(c).

(c) The board may not adopt rules to grant a certified direct entry midwife prescriptive authority other than the authority specified in IC 25-23.4-4-5.

SECTION 2. IC 25-23.4-3-1, AS AMENDED BY THE TECHNICAL CORRECTIONS BILL OF THE 2015 GENERAL



ASSEMBLY, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 1. (a) This section does not apply to an individual who has a license under IC 25-23-1-13.1 to practice midwifery as a certified nurse midwife and is practicing within the scope of that license.

(b) After July 1, ~~2014~~, **2016**, an individual may not engage in the practice of midwifery unless:

(1) the individual is issued a certificate by a board under IC 25-1-5 and is acting within the scope of the person's license; or

(2) the individual has a certified direct entry midwife certificate under this article and ~~has a collaborative agreement with either:~~

(A) the certified direct entry midwife has a consulting physician for the client as set forth in this article; or

(B) the client has a consulting physician for her pregnancy.

(c) To become certified as a certified direct entry midwife, an applicant must satisfy the following requirements:

(1) Be at least twenty-one (21) years of age.

(2) Possess at least:

(A) an associate degree in nursing, associate degree in midwifery accredited by the Midwifery Education Accreditation Council (MEAC), or other similar science related associate degree; or

(B) a bachelor's degree;

from a postsecondary educational institution.

(3) Satisfactorily complete educational curriculum approved by:

(A) the Midwifery Education Accreditation Council (MEAC) or a successor organization; or

(B) the educational equivalent of a Midwifery Education Accreditation Council curriculum approved by the board.

(4) Acquire and document practical experience as outlined in the Certified Professional Midwife credentialing process in accordance with the standards of the North American Registry of Midwives or a successor organization.

(5) Obtain certification by an accredited association in adult cardiopulmonary resuscitation that is approved by the board.

(6) Complete the program sponsored by the American Academy of Pediatrics in neonatal resuscitation, excluding endotracheal intubation and the administration of drugs.

(7) Comply with the birth requirements of the Certified Professional Midwife credentialing process, observe an additional twenty (20) births, be directly supervised by a physician for twenty (20) births, assist with an additional twenty (20) births,



and act as the primary attendant for an additional twenty (20) births.

(8) Provide proof to the board that the applicant has obtained the Certified Professional Midwife credential as administered by the North American Registry of Midwives or a successor organization.

(9) Present additional documentation or certifications required by the board. The board may adopt standards that require more training than required by the North American Registry of Midwives.

(10) Maintain sufficient liability insurance.

(d) The board may exempt an applicant from the following:

(1) The education requirements in subsection (c)(2) if the applicant provides proof to the board that the applicant is enrolled in a program that will satisfy the requirements of subsection (c)(2). An exemption under this subdivision applies for an individual for not more than two (2) years. This subdivision expires June 30, ~~2016~~; **2017**.

(2) The education requirements in subsection (c)(3) if the applicant provides:

(A) proof to the board that the applicant has delivered over one hundred (100) births as a primary attendant; and

(B) a letter of reference from a licensed physician with whom the applicant has informally ~~collaborated~~; **consulted**.

This subdivision expires June 30, ~~2015~~; **2016**.

(3) The requirement that a physician directly supervise twenty (20) births in subsection (c)(7) if the applicant provides:

(A) proof to the board that the applicant has delivered over one hundred (100) births as a primary attendant; and

(B) a letter of reference from a licensed physician with whom the applicant has informally ~~collaborated~~; **consulted**.

This subdivision expires June 30, ~~2015~~; **2016**.

SECTION 3. IC 25-23.4-3-5, AS ADDED BY P.L.232-2013, SECTION 20, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 5. After July 1, ~~2014~~; **2016**, only an individual who is issued a certificate under this article may use the title "certified direct entry midwife".

SECTION 4. IC 25-23.4-3-7, AS AMENDED BY P.L.112-2014, SECTION 29, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 7. (a) This section does not apply to an individual who has a license under IC 25-23-1-13.1 to practice midwifery as a certified nurse midwife.



(b) After June 30, ~~2015~~, **2016**, an individual who knowingly or intentionally practices midwifery without a certificate required under this article commits a Level 6 felony (for a crime committed after June 30, 2014).

SECTION 5. IC 25-23.4-4-1, AS ADDED BY P.L.232-2013, SECTION 20, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 1. (a) All the following must occur before a certified direct entry midwife may accept a client for midwifery care:

(1) The certified direct entry midwife must provide the potential client with an informed disclosure of practice form.

(2) The potential client must sign and date the form.

(3) The certified direct entry midwife must sign and date the form.

(4) If the potential client refuses a procedure or treatment required by law, the potential client must so indicate on a separate procedure or treatment form.

(5) The certified direct entry midwife must have an emergency plan for the care of the client if an emergency arises. As part of the emergency plan, the client must sign a release of the client's medical records that allows the certified direct entry midwife to provide the client's medical records to a physician if an emergency arises.

(6) Subject to rules adopted under IC 25-23.4-2-6(b)(5), the:

(A) certified direct entry midwife must have a ~~collaborative agreement with a consulting~~ physician to provide for consultation and care for the client; ~~The or~~

(B) client must:

(i) have a consulting physician for her pregnancy; and

(ii) sign a release of the client's medical records to allow the certified direct entry midwife to have a copy of the consulting physician's records of the client.

The name, address, and phone number of the consulting physician must be recorded in the informed disclosure of practice form and in the client's medical records.

(7) **A consulting** physician shall examine the client at least one (1) time during the client's first trimester and one (1) time during the client's third trimester. ~~The collaborating consulting~~ physician should be located in an area close to where the delivery will occur.

~~(7)~~ **(8)** The certified direct entry midwife must provide the client with a list of options for additional screening and assessments, including visits to a physician.

~~(8)~~ **(9)** The certified direct entry midwife must maintain medical



records on the client through the entire course of care and transfer the medical records to a treating physician if an emergency arises. The medical records must contain all the forms that are required under this subsection.

(b) A certified direct entry midwife may not have a minor as a client unless the minor's parent or guardian has agreed in writing to use the certified direct entry midwife and all other requirements of this article have been met.

SECTION 6. IC 25-23.4-4-3, AS ADDED BY P.L.232-2013, SECTION 20, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 3. The informed disclosure of practice form must be in writing and must contain the following information:

(1) A description of the certified direct entry midwife's education and training in midwifery, including completion of continuing education courses and participation in the peer review process.

(2) The certified direct entry midwife's experience level in the field of midwifery.

(3) The certified direct entry midwife's philosophy of practice.

(4) Antepartum, intrapartum, and postpartum period conditions requiring consultation, transfer of care, and transport to a hospital.

(5) The emergency medical backup plan, including the emergency plan and the ~~collaborative agreement with~~ **name, address, and telephone number of a consulting** physician for backup care required under section 1 of this chapter.

(6) The services to be provided to the client by the certified direct entry midwife and that a physician is required to examine the client at least one (1) time during the client's first trimester and one (1) time during the client's third trimester.

(7) The certified direct entry midwife's current status of certification under this article.

(8) A detailed explanation of treatments and procedures.

(9) A detailed description of the risks and expected benefits of midwifery care.

(10) The availability of a grievance process in a case in which a client is dissatisfied with the performance of the certified direct entry midwife.

(11) A statement that if the client is advised by the certified direct entry midwife or a ~~collaborating~~ **consulting** physician that the client is or has become at risk (as described in IC 25-23.4-6), the certified direct entry midwife:

(A) shall refer the client to a physician for consultation;

(B) may refuse to provide or continue care; and



- 1 (C) may transfer care of the client to a physician.
 2 (12) A statement disclosing whether or not the certified direct
 3 entry midwife maintains liability insurance.
 4 (13) That state certification of a certified direct entry midwife
 5 does not ensure that a home setting for delivery of a child is safe.
 6 (14) A statement that the client understands that the client is
 7 waiving the right to sue a physician or health care provider for the
 8 acts or omissions of the client's certified direct entry midwife.

9 SECTION 7. IC 25-23.4-5-1, AS AMENDED BY P.L.2-2014,
 10 SECTION 107, IS AMENDED TO READ AS FOLLOWS
 11 [EFFECTIVE UPON PASSAGE]: Sec. 1. (a) A certified direct entry
 12 midwife must have a ~~collaborating agreement with a consulting~~
 13 physician licensed under IC 25-22.5 **Collaboration for each client.**
 14 **Consultation** under this chapter does not require the physical presence
 15 of the physician at the time and the place at which the certified direct
 16 entry midwife renders services.

17 (b) Subject to rules adopted under IC 25-23.4-2-6(b)(5), a
 18 ~~collaborating consulting~~ physician shall review the patient encounters
 19 that the certified direct entry midwife has with a patient who is the
 20 client of the certified direct entry midwife:

- 21 (1) at any time when requested by the physician; and
 22 (2) at the time of the client's visit with the physician during the
 23 first and third trimesters, at least the following percentages of the
 24 patient charts:
 25 (A) For the first year that the individual is a certified direct
 26 entry midwife, one hundred percent (100%).
 27 (B) For the second year that the individual is a certified direct
 28 entry midwife, fifty percent (50%).
 29 (C) For the third year that the individual is a certified direct
 30 entry midwife, twenty-five percent (25%).

31 **The consulting physician shall document in the client's medical**
 32 **record clinical findings, recommendations, and test results from**
 33 **client visits with the consulting physician. The consulting physician**
 34 **shall copy the medical records and provide a copy to the certified**
 35 **direct entry midwife.**

36 SECTION 8. IC 25-23.4-5-2 IS REPEALED [EFFECTIVE UPON
 37 PASSAGE]. Sec. 2: A physician ~~collaborating with a certified direct~~
 38 ~~entry midwife under this chapter shall do the following:~~

- 39 (†) Register with the board the physician's intent to collaborate
 40 with a certified direct entry midwife. The registration must
 41 include the following:
 42 (A) The name, the business address, and the telephone number



1 of the collaborating physician:

2 (B) The name, the business address, and the telephone number
3 of the certified direct entry midwife:

4 (C) Any other information required by the board:

5 The registration must be updated annually:

6 (2) File the written collaborative agreement, which is signed by
7 the certified direct entry midwife and the collaborating physician,
8 with the board:

9 (3) Submit a statement to the board that the physician will
10 collaborate with the certified direct entry midwife in accordance
11 with the rules adopted by the board:

12 SECTION 9. IC 25-23.4-5-3, AS ADDED BY P.L.232-2013,
13 SECTION 20, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
14 UPON PASSAGE]: Sec. 3. The ~~collaborating~~ **consulting** physician
15 may not have a disciplinary action restriction that limits the physician's
16 ability to ~~collaborate~~ **consult** with a certified direct entry midwife.

17 SECTION 10. IC 25-23.4-5-4 IS REPEALED [EFFECTIVE UPON
18 PASSAGE]. Sec. 4. A certified direct entry midwife shall notify the
19 board of any changes or additions to the collaborating physicians not
20 more than thirty (30) days after the change or addition:

21 SECTION 11. IC 25-23.4-5-5, AS ADDED BY P.L.232-2013,
22 SECTION 20, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
23 UPON PASSAGE]: Sec. 5. The requirements for ~~collaboration~~
24 **consultation** between a certified direct entry midwife and a
25 ~~collaborating~~ **consulting** physician under this chapter are subject to
26 rules adopted under IC 25-23.4-2-6(b)(1).

27 SECTION 12. IC 25-23.4-6-2, AS ADDED BY P.L.232-2013,
28 SECTION 20, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
29 UPON PASSAGE]: Sec. 2. (a) If the certified direct entry midwife,
30 physician, and client agree that the certified direct entry midwife may
31 continue to provide services to the at-risk client, the certified direct
32 entry midwife shall enter into a written ~~collaborative~~ **consultation** plan
33 of treatment with the ~~collaborating~~ **consulting** physician.

34 (b) The ~~collaborative~~ **consultation** plan of treatment under
35 subsection (a) must be in writing and include the following provisions:

36 (1) The circumstances that would require consultation or referral
37 with a physician.

38 (2) The circumstances that would require transfer of responsibility
39 for the primary care of the at-risk client.

40 (3) The services to be provided by the certified direct entry
41 midwife and the licensed physician.

42 SECTION 13. **An emergency is declared for this act.**

